Additional Guidance and Frequency Asked Questions About In-person Visits, Communal Dining and Resident Activities for Adult and Senior Residential Care Facilities in San Francisco

July 30, 2020

The following guidance was developed by the San Francisco Department of Public Health for use by local facilities, and will be posted at www.sfcdcp.org/covid19. This interim guidance may change as knowledge, community transmission, and availability of PPE and testing change.

AUDIENCE: Administrators of all California Department of Social Services/Community Care Licensing Division licensed facilities in San Francisco. This includes Adult Residential Facilities (ARF), Residential Care Facilities for the Elderly (RCFE), Residential Care Facilities – Continuing Care, Social Rehabilitation Facilities, and Residential Care Facility for the Chronically Ill.

BACKGROUND: Please see the State of California Department of Social Services Provider Information Notice (PIN) Summary 20-23-ACS and AFL 20-22.3, both issued on June 26, 2020, for updated guidance on COVID-19. This guidance includes the critical role of testing, modification of visitation guidelines, need for infection prevention and control, and use of face coverings in adult and senior care facilities.

San Francisco has stricter rules summarized in the box above and explained in further detail in this document. Additional information regarding preventing and managing COVID-19 can be found at Frequently Asked Questions (FAQs) for Residential Care Facilities for Adults and Seniors posted at www.sfcdcp.org/covid19.

Summary of City & County of San Francisco Specific Guidance as of 07/15/2020

Please follow CDSS Update of 6/26/2020, with the following exceptions:

- Indoor group activities are limited to 10 people, including staff or group leaders.
- Visitors and non-essential personnel not permitted under Health Order No. C19-09 and extended under Health Order C19-07f.
- Re-introduction of resident communal dining has additional restrictions.
- Group activities are limited to small and stable groups; shared space requires spatial distancing.
- Monitor staff and residents for fever which is defined as a temperature of 100.0°F (37.8°C) or higher.

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Visitors and Non-Essential Personnel

The California Department of Social Services and the California Department of Public Health guidance permit visitation by non-essential individuals; however, the City & County of San Francisco currently prohibits visitation by non-essential individuals under Health Order No. C19-09 and extended under Health Order C19-07f. The San Francisco Department of Public Health is actively reviewing this policy and anticipates issuing updated guidance regarding outdoor non-essential visitation soon.
Sheltering in place is very important for people in high-risk groups, such as older adults and those with chronic medical conditions (see www.sfcdcp.org/vulnerable). We also know that isolation is a serious issue for older adults and that family and meaningful connection are important to mental and physical health. To the extent possible, find ways to connect with loved ones virtually through FaceTime, Zoom, WhatsApp, etc (see www.sfcdcp.org/safersocial).

In a situation where a visit or contact is based on urgent health, legal, time-sensitive or critical need, Section 11 of Health Order No. C19-09, permits necessary visitation. For example, a resident may be in marked decline and/or the end stages of life. Necessary Visitation should not be granted for routine visits by decision makers, family, or loved ones, even if the resident very much looks forward to the visit or the visitor has a strong desire for the visit.

Alternatives to In-Person Visits

- In-person routine visits carry risks and are not permitted at this time. Encourage and create ways for all residents to have frequent video and phone call visits with family members, friends, or other persons in care. If shared devices are used for video calls, facilities should ensure appropriate infection control measures are in place.

Communal Dining

Considerations for Re-introducing Communal Dining

- Ramp up slowly. Plan to start with a single group and assess how it goes, then stagger small groups, one at a time.
- Give residents a choice about where they want to eat, offering new, safe dining room options as well as ‘grab and go’ and in-room dining.
- Consider creating a schedule initially so different groups use the dining room for specific meals on specific days.
- Servers/staff must wear masks at all times.
- Have staff eat at separate times, so that they do not remove their face coverings at that same time as residents or other staff.
- Staff training and supervision will be essential to the success of dining room reopening.

Residents should take the following precautions:

- Wear masks when going to and leaving from the dining room. Residents may remove their masks to eat.
- Residents should perform hand sanitation upon entering the dining room and before leaving.

If there is more than one group of residents in a shared dining space, implement the following mitigating measures:

- Divide residents into pod/groups of 6 or fewer people; multiple groups of 6 are permitted in the same space if it is large enough to allow for sufficient distancing.
  - Residents who live in the same room/apartment must be in the same group.
  - Maintain the same people in each group to limit the people who are exposed to one another without masks.
To ensure that residents are able to maintain at least 6 feet distance, position tables for different groups approximately 12 feet apart.
- Remove chairs and move tables so that groups of more than 6 are not possible.
- Keep groups separate for dining, and going to/leaving from the dining room
- Use either disposable plates and utensils or machine wash all of one group’s flatware, silverware and glassware, whether it was used or not.
- Condiments, including salt and pepper, should be provided in individual packets or bowls upon request. No supplies should be on the table for group use.
- Stagger dining room times for different groups to reduce the number of persons dining at the same time or on elevators at the same time.
- Fully sanitize the dining room before and after each group.

Residents should not participate in communal dining if:
- The resident has any symptoms of COVID-19
- The resident has close contact with anyone from outside of the facility
- Any staff or resident in the facility tests positive for COVID-19, pending full evaluation and DPH contact tracing.

Per CDSS, residents who test positive for COVID-19 should not participate in communal dining until they have a negative test result.

Resident Activities

Residents may engage in small group activities. Small group size should be limited to 10 people including the instructor/leader. Consider prioritizing activities that meet the following safety guidelines AND support the quality of life of the frailest, most isolated residents who are least able to access other sources of support and activity.

- Any activities that can be done outdoors should be done outdoors.
- Staff are responsible to ensure that social distancing, masking, and hand hygiene are performed correctly.
- Maintain required staffing ratios to ensure safety. Do not move staff from one group to another, if possible.

For large indoor spaces like dining rooms or auditoriums, more than one group may use the space if:
- The space has at least 144 square feet (12’ x 12’) per resident, or about 1750 square feet for a group of 12.
- The designated areas for each group are clearly marked, and separated by a 10-12 feet “no-go” buffer zone that neither group uses and residents are able to understand and respect the zones.
- The space can be adequately ventilated, for example, by opening windows or doors.
- Partitions are placed to keep air from flowing directly from one group to another. For example, a curtain could be used.
If there is more than one group of residents in a shared space, follow these additional safety precautions:

- Different groups should arrive and depart separately.
- The space should be cleaned thoroughly between groups.
- Schedule group activities in a staggered fashion to limit the number of residents participating and allow them to remain at least 6 feet apart from each other.

When choosing activities that will take place in the shared space, consider the potential to create respiratory droplets or aerosols, and try to do higher-risk activities outdoors. For example, higher vocal tasks, such as shouting and singing should be avoided. These vocal exercises are higher risk than quiet, sedentary activities.

Frequently Asked Questions

My father is in hospice care. May I visit with him?
Visitation is permitted under the “Necessary Visitation” provision of Health Order No. C19-09. Visitation is only allowed when urgent health, legal, or other issues occur that cannot wait until after the duration of the Health Order without risking the health, financial, or legal status of a resident. Routine visits are not permitted at this time, although outdoor non-essential visitation is currently under review.

Permitted visitors are required to take appropriate steps to protect residents from exposure to the COVID-19 virus, which includes hand washing, masking, maintaining at least six feet distance from other people, limiting or avoiding contact with everyone other than the person being visited, and a short duration of visit as appropriate.

What should a facility do if a resident, visitor or staff has confirmed COVID-19 infection?
1. Contact the SFDPH Senior Hub for consultation and guidance at COVID-19 Senior Sites Phone Line: 628-217-6358 or COVID-19 General Phone Line: 415-554-2830 Email: seniorsites@sfdph.org
2. Stop all visits and group activities, including communal dining; reinstitute full shelter in place.
3. Communicate with residents, visitors and staff: Share that there is a case but not who is sick or has tested positive. Maintain the confidentiality of the affected person with COVID-19 as required by the Americans with Disabilities Act, the Family Education Rights and Privacy Act, and possibly HIPAA.
4. Clean and disinfect the facility thoroughly, with special attention to anywhere that person was or might have been. Refer to the section titled “Cleaning and disinfecting your building or facility if someone is sick” at CDC’s Cleaning and Disinfection webpage, at www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html.
5. Work with SFDPH to determine when the facility can re-open for visits. Determine when staff can return, and what additional steps are needed for children and youth to return.

Resources

San Francisco Department of Public Health (SFDPH) (see www.sfcdcp.org/covid19)
- Frequently Asked Questions (FAQs) for Residential Care Facilities for Adults and Seniors
- Tip Sheet and Frequently Asked Questions: Outdoor Fitness Groups
- Small Outdoor Gatherings Tip Sheet & FAQs
- Tip Sheet for Safer Social Interactions During COVID-19 Pandemic